

<b>CLAIMS ONLY</b>	Application Number <div style="font-size: 1.2em; font-family: monospace;">10/006001</div>	Filing Date 
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
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Total Depend	45											
Total Claims	50											
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Total Indep	7											
Total Depend	32											
Total Claims	39											

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